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Patent Specialist

ABT 34

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/581329		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1						51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10	1						60				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	13						TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				